



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	40th 7	District D	emocr	otic Co	mmittee
Account Number:			Date of	this Report:	1/12/07
REPORTING PERIOD:	FROM:	10-31-06	_ TO:	18-31-	ها٥-
Check the box that applies to	this report:				
Primary Election	□ 8-DAY	□ 30-DAY		Office:	
General Election	□ 8-DAY	☐ 30-DAY			
Other Election	□ 8-DAY	□ 30-DAY		M	
Special Election	□ 8-DAY	☐ 30-DAY			
Year End Report	Final Organi	zation Closing			Closing Date:
	aign Finance and th	e election process in	the State o	f Delaware. I	Serger (Philosophic Condition and America Acade)
Shella &	tteeton	10-10-50-10-10-10-10-10-10-10-10-10-10-10-10-10			1/12/07
TREASURER SIGNATURE					DATE
				-2.77545.7524	
CANDIDATE SIGNATURE					DATE



STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	REPORTING PERIOD:	10-31-06	12.31-06
			FROM	то
1.	BEGINNING	BALANCE		\$ 395.00
	(Close Out	Balance from last reporting period)		
2.	RECEIPTS:			
	A.	SCHEDULE A – TOTAL RECEIPTS	_	٥
	B.	SCHEDULE C-I – TOTAL IN-KIND CONTRIBUTIONS	_	
	C.	SCHEDULE D-1 – TOTAL LOANS RECEIVED	-	0
	D.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS RECE	CIVED _	0
	E. SUB	TOTAL (Total of A, B, C, D)	-	0
3.	EXPENDIT	URES:		
	F.	SCHEDULE B - TOTAL EXPENDITURES	-	0
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXPENDITURES	_	0
	H.	SCHEDULE D-2 - TOTAL LOAN PAYMENTS	_	0_
	I.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS PAID	_	0
	J. SUI	BTOTAL (Total of F, G, H, I)		0
4.	ENDING BA	ALANCE Balance plus 2E, minus 3J)	9-	\$395.00
5.	VALUE OF	NON-CASH ASSETS (From Schedule F)	-	0
6.	VALUE OF	DISPOSED/TRANSFERRED ASSETS (From Schedule G)		0
7.	VALUE OF	LOANS AT END OF PERIOD (Loan Balance from Schedule D-2)		0
		T RAL ANCE (Must equal zero if Committee closed)		\$ 395.00



SCHEDULE A - TOTAL RECEIPTS

CT #:		REPORTING PERIOD:	10.31-01 FROM	12-31-06 TO
			FROM	то
\$50. All receipts from l ganization several times	Political Committees must b s during the reporting cycle,	Receipts from sales of items must be item e itemized. NOTE: If you receive funds each item must be listed if the aggregat	from the same person	en if the individual a
ite Contrib	Contributor	D POLITICAL COMMITTEES: Contributor	Aggrega	te Amount
ived Type	Name	Mailing Address	Amoun	
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L RECEIPTS OF P	ERSONS IN EXCESS OF	\$100 AND POLITICAL COMMITTE	ES	

RAND TOTAL RECEIPTS

HIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

CCT#:		REPORTING PERIOD:	10-31-01	FROM 12	-31-06
				FROM	TO
the amount with ast be listed if the	office sought. NOTE: IF you aggregate amount is over to	rting period. All expenditures to Political Co ou expend funds to the same person or organ \$100, even if the individual amounts are not. D POLITICAL COMMITTEES:	ization several times	emized, regardless during the reporti	ing cycle, each ite
Date	Payee	Payee	Reason	Aggregate	Amount
xpended	Name	Mailing Address	Code	Amount	Expended
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TAL EXPEND	ITURES IN EXCESS OF :	\$100 AND POLITICAL COMMITTEES			
TAL EXPEND	ITURES TO PERSONS N	OT IN EXCESS OF \$100			

'HIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)

RAND TOTAL EXPENDITURES



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT #:	REPORTING PERIOD:	10-31-06	12.31-06
		FROM	TO
	contributed at no charge or less than fair market va		
NOTE: If you receive in-kind	contributions from the same person or organization	several times during the reporti	ng period,
each item must be listed if the	aggregate amount is over \$100, even if the individ	ual amounts are not	

IN-KIND CONTRIBUTIONS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Moiling Address	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
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OTAL IN-KIN	D CONTRIBUTIONS IN E	XCESS OF \$100		
OTAL IN-KIN	D CONTRIBUTIONS NOT	IN EXCESS OF \$100		
RAND TOTAL	L IN-KIND RECEIPTS			
		, AZISTATEMENT OF ACCOUNT BALANCE, ITEM	(2B)	



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #:	 REPORTING PERIOD:	10-31-06	12-31-06
		FROM	то

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Estimated Value Expended
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OTAL IN-KIND	EXPENDITURES IN EX	CESS OF \$100		
OTAL IN ECON	EVBENDITUDES NOT	N ENCERC OF STAR		
OTAL IN-KIND	EXPENDITURES NOT I	N EXCESS OF \$100		
	IN-KIND EXPENDITURE			
HIS TOTAL SHOU	LD ALSO APPEAR ON PAGE 2.	STATEMENT OF ACCOUNT BALANCE, ITEM 3	G)	



SCHEDULE D-1 - LOANS RECEIVED

CCT#:	. ~	REPORTING PERIOD:	10-51-06 FROM	12.31	1-06
l loans in excess of	\$50 RECEIVED DURING THIS REPORTIN	G PERIOD should be itemized on this schedule. NOTE: These lost			,
Date Received	D IN EXCESS OF \$50: Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount
	M				
		Data forth			
		1 115	Orm		
			· M		
OTAL LOANS R	ECEIVED	The second of th			



SCHEDULE D-2 - LOANS

All outstanding loans in even		ACCT#:
outstanding loans in avenue of \$50 must be listed. This includes loans from Landing Institutions. Condidate's Deserval Funds and Other Contributors		
idera's Darsonal Funds and Other Contributors		REPORTING PERIOD:
	FROM	10.31-06 -
	TO	9018E

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
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SCHEDULE E - EXPENSE REIMBURSEMENTS

Date Received	TS RECEIVED (Monies paid to you as reimburse Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amoun	Reimbursement Received
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	10 1				
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		3 D		A COLUMN	
	ISEMENTS RECEIVED RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2.	STATEMENT OF ACCOUNT BAD THE ITEM 2D)	0		
REIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, TS PAID (Monies paid by you to reimburse other	STATEMENT OF ACCOUNT BALLOUB, ITEM 2D) s for expenses they incurred.	P.		
REIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,	STATEMENT OF ACCOUNT BAD OR, ITEM 2D)	Ctivity	Total Expense Amoun	Reimbursement Paid
REIMBURSEMENTS Date	TS PAID (Monies paid by you to reimburse other Payee Name	STATEMENT OF ACCOUNT BALLOUP, ITEM 2D) s for expenses they incurred. Description	Activity	Total Expense Amoun	
REIMBURSEMENTS Date	TS PAID (Monies paid by you to reimburse other Payee Name	STATEMENT OF ACCOUNT BALLOUP, ITEM 2D) s for expenses they incurred. Description	Activity	Total Expense Amoun	
REIMBURSEMENTS Date	TS PAID (Monies paid by you to reimburse other Payee Name	STATEMENT OF ACCOUNT BALLOUP, ITEM 2D) s for expenses they incurred. Description	Activity	Total Expense Amoun	

(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 31)



SCHEDULE F - NON-CASH ASSETS

CCT #:		REPORTING PERIOD:	10-31-06	19.31-01	
			FROM	19.31-01	
ontributed to the organ	nization.	ng those paid for by the organization, lent	to the organization and		
Date Date				.,,	
Received	Description of Asset	Location of Asset (Physical		Value of Asset	
		Market Black State State of the		SIGN TO SERVE	
				Contract Contract	
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FOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)

'OTAL ASSET VALUE



SCHEDULE G - ELIMINATION OF ASSETS

			10-31-06		TO
emize all non-cash ass	ets disposed of, transferred or sold by the o	rganization during the reporting pe	eriod.		
LL NON-CASH ASS	SETS				
Date	Description		osition		alue
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TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)

'OTAL ASSETS ELIMINATED